



June 30, 2014

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Mulberry Cooperative Telephone Company, Inc.
Study Area Code 320792

Dear Secretary:

On behalf of Mulberry Cooperative Telephone Company, Inc. ("Mulberry"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Mulberry seeks confidential treatment under the FCC's Protective Order for the information filed pursuant to Section 54.313(f)(2) of the Commission's regulations¹. Mulberry also seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1). The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter
Telco Consultant
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Mr. Randall Maish, General Manager, Mulberry Cooperative Telephone Company, Inc.
Mr. Charles Tyler, Telecommunications Access Policy Division

¹ *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order).

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 320792 |
| <015> | Study Area Name | MULBERRY COOP TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Randall Maish |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 7652962885 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | randy@mintel.net |

| ANNUAL REPORTING FOR ALL CARRIERS | | 54.313 Completion Required | 54.422 Completion Required |
|-----------------------------------|---|---|-------------------------------------|
| (check box when complete) | | | |
| <100> | Service Quality Improvement Reporting | (complete attached worksheet) | <input checked="" type="checkbox"/> |
| <200> | Outage Reporting (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> |
| <210> | <input checked="" type="checkbox"/> <-- check box if no outages to report | | <input checked="" type="checkbox"/> |
| <300> | Unfulfilled Service Requests (voice) | 0 | |
| <310> | Detail on Attempts (voice) | | |
| | | (attach descriptive document) | |
| <320> | Unfulfilled Service Requests (broadband) | 0 | <input checked="" type="checkbox"/> |
| <330> | Detail on Attempts (broadband) | | |
| | | (attach descriptive document) | |
| <400> | Number of Complaints per 1,000 customers (voice) | | |
| <410> | Fixed | 0.0 | <input checked="" type="checkbox"/> |
| <420> | Mobile | 0.0 | <input checked="" type="checkbox"/> |
| <430> | Number of Complaints per 1,000 customers (broadband) | | <input checked="" type="checkbox"/> |
| <440> | Fixed | 0.0 | |
| <450> | Mobile | 0.0 | |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input checked="" type="checkbox"/> |
| <510> | 320792in510.pdf | (attached descriptive document) | <input checked="" type="checkbox"/> |
| <600> | Functionality in Emergency Situations | (check to indicate certification) | <input checked="" type="checkbox"/> |
| <610> | 320792in610.pdf | (attached descriptive document) | <input checked="" type="checkbox"/> |
| <700> | Company Price Offerings (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> |
| <710> | Company Price Offerings (broadband) | (complete attached worksheet) | <input checked="" type="checkbox"/> |
| <800> | Operating Companies and Affiliates | (complete attached worksheet) | <input checked="" type="checkbox"/> |
| <900> | Tribal Land Offerings (Y/N)? | (if yes, complete attached worksheet) | <input type="checkbox"/> |
| <1000> | Voice Services Rate Comparability | (check to indicate certification) | <input checked="" type="checkbox"/> |
| <1010> | 320792in1010.pdf | (attach descriptive document) | <input checked="" type="checkbox"/> |
| <1100> | Terrestrial Backhaul (Y/N)? | (if not, check to indicate certification) | <input type="checkbox"/> |
| <1110> | | (complete attached worksheet) | <input type="checkbox"/> |
| <1200> | Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|--|-----------------------------------|--------------------------|
| <2000> | | (check to indicate certification) | <input type="checkbox"/> |
| <2005> | | (complete attached worksheet) | <input type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

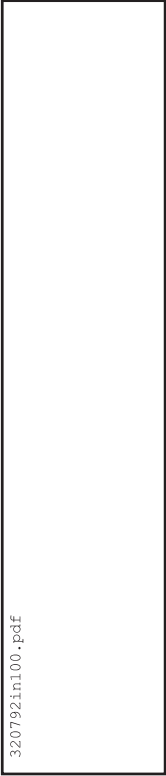
| | | | |
|--------|--|-----------------------------------|-------------------------------------|
| <3000> | | (check to indicate certification) | <input checked="" type="checkbox"/> |
| <3005> | | (complete attached worksheet) | <input checked="" type="checkbox"/> |

| | | |
|---|--|--|
| (100) Service Quality Improvement Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|--|

| | | |
|-------|--|---|
| <010> | Study Area Code | 320792 |
| <015> | Study Area Name | MULBERRY COOP TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | Randall Maish 7652962885 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | randy@mintel.net |
| <110> | Has your company received its ETC certification from the FCC? | <input type="radio"/> (yes) <input checked="" type="radio"/> (no) |
| <111> | If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC? | <input type="radio"/> (yes) <input checked="" type="radio"/> (no) |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

| | |
|-------|---|
| <113> | Maps detailing progress towards meeting plan targets |
| <114> | Report how much universal service (USF) support was received |
| <115> | How (USF) was used to improve service quality |
| <116> | How (USF) was used to improve service coverage |
| <117> | How (USF) was used to improve service capacity |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. |

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 320792 |
| <015> | Study Area Name | MULBERRY COOP TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Randall Maish |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7652962885 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | randy@intel.net |

| | |
|----------|--|
| 1/1/2014 | |
|----------|--|

| | Residential Local Service Charge Effective Date | Single State-wide Residential Local Service Charge |
|-------|---|--|
| <701> | | |
| <702> | | |

[illegible]

[illegible]

| | | |
|--|--|--|
| (900) Tribal Lands Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|--|

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 320792 |
| <015> | Study Area Name | MULBERRY COOP TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Randall Maish |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7652962885 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | randy@intel.net |

| | | |
|-------|------------------------------------|--|
| <910> | Tribal Land(s) on which ETC Serves | |
|-------|------------------------------------|--|

| | | |
|-------|---|--|
| <920> | Tribal Government Engagement Obligation | |
|-------|---|--|

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

| |
|----------------------------|
| Select (Yes, No, NA) |
| |
| |
| |
| |
| |
| |
| |
| |
| |

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 320792 |
| <015> | Study Area Name | MULBERRY COOP TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Randall Maish |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7652962885 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | randy@mintel.net |

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

| | | | |
|--|--|---|--|
| (1200) Terms and Condition for Lifeline Customers | | FCC Form 481 | |
| Lifeline | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | |
| Data Collection Form | | July 2013 | |

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 320792 |
| <015> | Study Area Name | MULBERRY COOP TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Randall Maish |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7652962885 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | randy@intel.net |

320792in1210.pdf

Name of Attached Document

| | | |
|--------|--|------|
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | |
| <1220> | Link to Public Website | HTTP |

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

| | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

| | | |
|--|--|---|
| (2000) Price Cap Carrier Additional Documentation | | FCC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | | July 2013 |

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 320792 |
| <015> | Study Area Name | MILBERRY COOP TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Randall Maish |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7652962885 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | randy@mintel.net |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

| | | |
|--|--|--------------------------|
| Incremental Connect America Phase I reporting | | |
| <2010> | 2nd Year Certification (47 CFR § 54.313(b)(1)) | <input type="checkbox"/> |
| <2011> | 3rd Year Certification (47 CFR § 54.313(b)(2)) | <input type="checkbox"/> |
| Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) | | |
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |
| Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) | | |
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
| Connect America Phase II Reporting (47 CFR § 54.313(e)) | | |
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | |

Name of Attached Document Listing Required Information

| | |
|--------|--|
| <2021> | Interim Progress Community Anchor Institutions |
|--------|--|

| | | |
|---|--|---|
| (3000) Rate Of Return Carrier Additional Documentation | | FCC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 |

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 320792 |
| <015> | Study Area Name | MULBERRY COOP TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Randa11 Maish |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7652962885 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | randy@mintel.net |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| | | |
|--------|--|--|
| (3010) | Progress Report on 5 Year Plan | |
| | Milestone Certification (47 CFR § 54.313(f)(1)(i)) | |

| | | |
|--------|--|--------------------------|
| (3011) | Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> |
|--------|--|--------------------------|

| | | |
|--------|---|--|
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) | |
| | Name of Attached Document Listing Required Information | |

| | | |
|--------|--|----------------------------------|
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | <input checked="" type="radio"/> |
| (3014) | If yes, does your company file the RUS annual report | <input checked="" type="radio"/> |

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

| | | |
|--------|---|--------------------------|
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | <input type="checkbox"/> |
| (3016) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |

| | | |
|--------|---|--|
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | |
| | Name of Attached Document Listing Required Information | |

| | | |
|--------|--|----------------------------------|
| (3018) | If the response is no on line 3014, Is your company audited? | <input checked="" type="radio"/> |
|--------|--|----------------------------------|

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

| | | |
|--------|---|-------------------------------------|
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | <input checked="" type="checkbox"/> |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | <input checked="" type="checkbox"/> |
| (3021) | Management letter issued by the independent certified public accountant that performed the company's financial audit. | <input checked="" type="checkbox"/> |

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

| | | |
|--------|---|--------------------------|
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | <input type="checkbox"/> |
| (3025) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | <input type="checkbox"/> |

| | | |
|--------|--|--|
| (3026) | Attach the worksheet listing required information | |
| | Name of Attached Document Listing Required Information | |

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 320792 |
| <015> | Study Area Name | MULBERRY COOP TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Randall Maish |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7652962885 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | randy@mintel.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
|---|--------------------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|----------------------|
| <010> Study Area Code | 320792 |
| <015> Study Area Name | MULBERRY COOP TEL CO |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Randall Maish |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 7652962885 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | randy@mintel.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| | |
|---|--|
| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
| I certify that (Name of Agent) <u>Randy Maish</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | <u>Randy Maish</u> |
| Name of Reporting Carrier: | <u>MULBERRY COOP TEL CO</u> |
| Signature of Authorized Officer: | <u>CERTIFIED ONLINE</u> Date: <u>06/30/2014</u> |
| Printed name of Authorized Officer: | <u>Randy Maish</u> |
| Title or position of Authorized Officer: | <u>CEO</u> |
| Telephone number of Authorized Officer: | <u>7652962885 ext.</u> |
| Study Area Code of Reporting Carrier: | <u>320792</u> Filing Due Date for this form: <u>07/01/2014</u> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|--|
| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | <u>MULBERRY COOP TEL CO</u> |
| Name of Authorized Agent or Employee of Agent: | <u>Leah Richter</u> |
| Signature of Authorized Agent or Employee of Agent: | <u>CERTIFIED ONLINE</u> Date: <u>06/30/2014</u> |
| Printed name of Authorized Agent or Employee of Agent: | <u>Leah Richter</u> |
| Title or position of Authorized Agent or Employee of Agent: | <u>Telco Consultant</u> |
| Telephone number of Authorized Agent or Employee of Agent: | <u>6059951793 ext.</u> |
| Study Area Code of Reporting Carrier: | <u>320792</u> Filing Due Date for this form: <u>07/01/2014</u> |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

(710) Broadband Price Offerings
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 320792 |
| <015> | Study Area Name | MULBERRY COOP TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Randall Maish |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7652962885 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | randy@intel.net |

[illegible]

REDACTED - FOR PUBLIC INSPECTION

MULBERRY COOPERATIVE TELEPHONE COMPANY, INC. (SAC 320792)

ATTACHMENT LINE 100

ATTACHMENT REDACTED IN ENTIRETY

CERTIFICATION OF MULBERRY COOPERATIVE TELEPHONE COMPANY, INC.**Reporting Period January 1 – December 31, 2013****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders within no longer than 2 business days of the request. Carrier provides bill notification 30 days in advance of any customer rate changes. Carrier provides notice to customers of their billing practices through their customer service agreement located on their Carrier's website and in their retail office

Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 25, 2014.

/s/ Randall Maish

Randall Maish, CEO

Mulberry Cooperative Telephone Company, Inc.

SAC: 320792

CERTIFICATION OF MULBERRY COOPERATIVE TELEPHONE COMPANY, INC.**Reporting Period January 1 – December 31, 2013****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source.

Carrier's central office is equipped with a Genband 15 soft-switch. The switch can be powered by both electricity and propane. The switch is equipped with batteries that can provide power for approximately 8 hours. The Company has seven portable generators which are gasoline powered and can be used to power fourteen remote cabinets which are located throughout the exchange. The remote cabinets are also equipped with batteries capable of providing power for approximately 8 hours. An FM 200 fire suppression system with four zones and three tanks has been deployed in the building which houses the central office switch to mitigate the exposure to fire. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has deployed nine Calix C-7 access nodes on an OC-48 redundant fiber ring and five Occum remote nodes on a 1 gig Ethernet ring which will re-route traffic in the event of a cable cut or when facilities are damaged.

Carrier also has in place a Disaster Recovery Plan, which has been reviewed, approved and adopted by the Board of Directors and Carrier. The Disaster Recovery Plan includes a list of procedures to be followed in the event of an emergency to prevent or mitigate interruption or impairment of service. The procedures have been reviewed with all employees and address the critical functions of the network. The plan includes contact information for key vendors who will assist company personnel in emergency situations.

I verify that the foregoing is true and correct. Executed on June 25, 2014.

/s/ Randall Maish

Randall Maish, CEO

Mulberry Cooperative Telephone Company, Inc.

SAC: 320792

CERTIFICATION OF MULBERRY COOPERATIVE TELEPHONE COMPANY, INC.**Reporting Period January 1 – December 31, 2013****47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

On March 20, 2014, the WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$20.46. This was also published in the FCC's Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice of Proposed Rulemaking Adopted April 23, 2014 and Released June 10, 2014. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2014 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 25, 2014.

/s/ Randall Maish

Randall Maish, CEO

Mulberry Cooperative Telephone Company, Inc.

SAC: 320792

(1200) Terms and Conditions for Lifeline Program Consumers

Study Area Code: 320792

Study Area Name: Mulberry Cooperative Telephone Company, Inc.

Attached is Mulberry Cooperative Telephone Company's Lifeline application form. Additional information is available on their website.

Mulberry Cooperative Telephone Company's Rates and Pricing:

<http://www.mintel.net/telephone.php>

**LIFELINE ASSISTANCE APPLICATION
Certification Form**

| Office Use Only | |
|--|--------------|
| Application ID | _____ |
| Company Name | Mulberry Tel |
| Company Code | 0792 |
| Customer provided following documentation: _____ | |
| Name of HH member enrolled in program: _____ | |
| Initials of reviewer: _____ | Date: _____ |

Please verify your eligibility:

1. Complete Section A Personal Information
2. Complete Section B **OR** Section C (on reverse side)
3. Complete Section D if applicable (on reverse side)
4. **Initial, sign and date the form in Section E on the reverse side**
5. **Attach a copy of your most recent telephone bill and documents to support your eligibility**
6. Mail the application, bill and documents to Lifeline Administrator, 30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685

A. PERSONAL INFORMATION

The person below **MUST BE** the same person listed on the telephone bill. Please remember to complete Section E on the **reverse** side.

Customer Name _____

Mailing Address _____

LL Telephone Number _____
SERVICE ADDRESS _____

Date of Birth: Month _____ Day _____ Year _____
(Required)

- ☐ Check if service address is temporary
☐ Check if service address is multi-household

Last 4 digits of SSN: _____ OR Tribal ID No. _____
(Required)

Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Only one Lifeline service is available per household. A household is defined, for the purposes of the Lifeline program, as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person.

B. PROGRAM-BASED ELIGIBILITY

Check all program(s) in which you or a household member is currently enrolled. You must provide proof of program participation. This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. (Do not send original documents.)

| | |
|---|---|
| <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Medicaid <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) <input type="checkbox"/> National School Lunch Program's Free Lunch Program <input type="checkbox"/> Federal Public Housing Assistance (FPHA) <input type="checkbox"/> Low-Income Energy Assistance Program (LIHEAP) <input type="checkbox"/> Supplemental Security Income (SSI) (Not the same as Social Security Benefits) | <input type="checkbox"/> I am an individual living on tribal land (any federally recognized Indian Tribe's reservation, Pueblo, or Colony, and Indian allotments) If you checked the above box, please also indicate if you participate in any of the following programs: <input type="checkbox"/> Tribal Head Start (those meeting the income qualifying standard) <input type="checkbox"/> Bureau of Indian Affairs (BIA) General Assistance programs <input type="checkbox"/> Tribally administered Temporary Assistance to Needy Families (TTANF) <input type="checkbox"/> Tribal National School Lunch Program's Free Lunch Program <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) |
| (Documentation will NOT be returned) | |

PLEASE SEE OTHER SIDE FOR INCOME-BASED ELIGIBILITY METHOD SECTION, BENEFIT TRANSFER SECTION AND SIGNATURE SECTION (REQUIRED!)



C. INCOME-BASED ELIGIBILITY

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

| Income Source | Amount | Household Size You must Circle One | Yearly Income @ 135 % of Federal Poverty Guidelines |
|--|--------|--|---|
| Prior year's State, Federal or Tribal tax return OR | | | |
| Social Security; Retirement income | | | |
| Alimony or Child Support | | 1 | \$15,755 |
| Wages | | 2 | \$21,236 |
| Bureau of Indian Affairs General Assistance | | 3 | \$26,717 |
| Unemployment; Worker's Compensation | | 4 | \$32,198 |
| If you have more than 4 people in your household, write the number and add \$5,481 for each additional person. | | | |

You must attach proof of income as reported above, examples include:

- Prior year's State, Federal or Tribal tax return **OR**
- **Three months' worth** of your most recent paycheck stub(s) from all employers
- Most recent statement from each type of current income source(s) noted
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Retirement/Pension statement of benefits

- Unemployment/Workmen's Compensation statement of benefits
- Child Support documentation
- Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance **OR**
- Divorce Decree

(Documentation will NOT be returned)

D. LIFELINE DISCOUNT BENEFIT TRANSFER

If you are currently receiving Lifeline from another provider and you wish to transfer your Lifeline discount to Mulberry Tel. you **MUST** initial the following statement.

_____ I authorize Mulberry Tel. to transfer any pre-existing Lifeline discount with a different provider to my Mulberry Tel. account, subject to all terms and conditions described in this application, understanding that only one Lifeline supported service is available per household. I realize that my pre-existing account may be subject to normal charges and fees until terminated by me.

E. SIGNATURE (This section must be filled out completely)

Please read the following statements, initial by each certification, and sign below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

By signing below, I **certify under penalty of perjury**, to each and every one of the following:

_____ 1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. Section 54.409. I have provided documentation of eligibility;

_____ 2. I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;

_____ 3. (Only if applicable) If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 47 C.F.R. Section 54.400(e);

_____ 4. If I move to a new address, I will provide that new address to the telephone company within 30 days;

_____ 5. (Only if applicable) If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days;

_____ 6. My household will receive only one (1) Lifeline service, and, to the best of my knowledge, my household is not already receiving a Lifeline service;

_____ 7. I acknowledge that I will be required to re-certify my continued eligibility for Lifeline annually, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);

_____ 8. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and

_____ 9. The information contained in the application and certification form is true and correct to the best of my knowledge.

_____ 10. I acknowledge that information from this certification will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit.

X _____
Customer Signature

Date

REDACTED - FOR PUBLIC INSPECTION

MULBERRY COOPERATIVE TELEPHONE COMPANY, INC. (SAC 320792)

ATTACHMENT LINE 3026

ATTACHMENT REDACTED IN ENTIRETY